



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION
COMBATIVE SPORTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT
INSTRUCTION SHEET

What is Combative Sports Entertainment?

Combative Sports Entertainment means a display of skill for the purpose of entertaining an audience, consisting of choreographed or simulated combat in which techniques commonly used in combative sports are employed by participants. The participants do not exert their best effort, and the winner is determined prior to the match ([28 Del. C. §102 \(6\)](#)).

As defined above, Combative Sports Entertainment

- includes, but is not limited to, "celebrity boxing," "entertainment boxing" and all such similar terms or names
- does not include amateur or professional boxing nor amateur or professional mixed martial arts.

When to Apply

Obtain a Combative Sports Entertainment Permit for a specific combative sports entertainment event *before* advertising, holding, conducting, or exhibiting the event. A Permit is valid ***only* for the single event** for which it was issued.

Submit the *Application for Combative Sports Entertainment Permit* **at least 15 full working days before the event.**

Before applying for a Permit, obtain a Delaware [business license](#) from the Division of Revenue.

Advertising the Event

All advertisements for an event must prominently display the event's Permit number. If the advertisement is not in writing (e.g., a radio spot), the Permit number must be verbally announced in the advertisement. See [28 Del. C. §106 \(a\)](#).

Applying for a Permit

- ☐ Submit completed, signed and notarized [Application for Combative Sports Entertainment Permit](#).
 - Contestants must be at least 18 years old. List *all* contestants and alternates. Any contestant or alternate not identified on the application is not approved to participate.
 - Examples of information to include in the SAFETY EQUIPMENT section include:
 - Protective gear worn by combatants
 - Precautionary measures on hand in the event of fire accident
 - Props construction (e.g., "plastic bats painted to look like metal")
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Send the application, fee and any supporting documentation **to the attention of Combative Sports** at the address above.

Additional Requirements

- Any physician employed to cover the event must hold a current Delaware [professional license](#) ([28 Del. C. §105 \(a\)\(2\)](#)).
- The promoter must hire at least two emergency medical technicians and an ambulance ([28 Del. C. §106A \(a\)](#)).
- The promoter must arrange for adequate security personnel to maintain order and provide safety during and after the event ([28 Del. C. §106A \(a\)](#)).



(FOR OFFICIAL USE ONLY)

--

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION
COMBATIVE SPORTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

PERMIT FEE: \$160.00

ATTACH CHECK OR MONEY ORDER MADE PAYABLE
TO THE "STATE OF DELAWARE" TO APPLICATION.

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

The promoter must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM 15 full working days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

PROMOTER INFORMATION

Business Name of Promoter		Delaware Business License #		
Business Street Address		City	State	Zip Code
Promoter Last Name	First Name	Middle Initial	Social Security Number	
Street Address				
City		State	Zip Code	
Phone	Fax Number	Email Address		

EVENT LOCATION INFORMATION

Name Of Event					
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)	Time Of Event	Is an entrance fee charged? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SAFETY AND SECURITY

You are required to hire two EMTs and an ambulance. Enter their contact information: Ambulance Service: _____ Phone: _____	
You are required to provide adequate security. Enter: Agency Name: _____ Number of Personnel: _____	

CONTINUE TO PAGE 2

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 2

CONTESTANT INFORMATION

List each contestant and alternate and provide the requested information.

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

CONTINUE TO PAGE 3

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 3

CONTESTANT INFORMATION (continued)

List each contestant and alternate and provide the requested information.

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

Stage Name	Actual Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

IF YOU NEED MORE ROOM, COPY THIS PAGE.

CONTINUE TO PAGE 4

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 4

DESCRIPTION OF MATCHES - List each match and provide the requested information.

MATCH 1

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 2

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 3

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 4

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 5

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 6

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

IF YOU NEED MORE ROOM, COPY THIS PAGE.

CONTINUE TO PAGE 5

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 5

DESCRIPTION OF MATCHES (continued)

MATCH 7

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 8

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 9

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 10

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 11

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

MATCH 12

Check Winner:	Enter Stage Name of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

IF YOU NEED MORE ROOM, COPY THIS PAGE.

CONTINUE TO PAGE 6

APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 6

SAFETY EQUIPMENT - If you need more room, attach additional sheet.

Describe the safety equipment that contestants will utilize: _____

DESCRIPTION OF THE RING - If you need more room, attach additional sheet.

Describe the measurements and construction of the ring area: _____

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold a Combative Sports Entertainment event on behalf of the business entity/individual. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached Application for Permit to hold a Combative Sports Entertainment event as defined by the State of Delaware to mean "...a display of skill for the purpose of entertaining an audience, consisting of choreographed or simulated combat in which techniques commonly used in combative sports are employed by participants. The participants do not exert their best effort and the winner is determined prior to the match" and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for PROSECUTION, DENIAL or REVOCATION OF PERMIT.

Name of Firm/Individual/Applicant

Date

By: _____
Name/Title

State of)
County of)

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____

Signature of Notary Public

SEAL

My Commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED PROCESSING FEE WILL BE REJECTED.
THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

For more information, visit the Division of Professional Regulation's website at dpr.delaware.gov.